

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044260

Entity Name: BALSAMS RIDGE, LLC

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

107-A BREEZY POINT LANE
CRESCENT CITY, FL 32112 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 535
CRESCENT CITY, FL 32112 US

New Mailing Address:

FEI Number: 20-1231995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, THOMAS A
211 STIRLING AVENUE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMAS A. MILLER TRU, ST U/A 6/30/99
Address: 211 STIRLING AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGR () Delete
Name: JOSEPH E. MILLER TRU, ST U/A 8/12/99
Address: POST OFFICE BOX 1023
City-St-Zip: WELAKA, FL 32193 US

Title: MGR () Delete
Name: CIRCLE INVESTMENTS., LTD.
Address: POST OFFICE BOX 535
City-St-Zip: CRESCENT CITY, FL 32112 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS A. MILLER, AS ITS MGRM

MGRM

01/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date